

CLAIMANT'S NAME Claudia Cappio			SSN or EMPLOYEE NUMBER*			DEPARTMENT CalHFA		
POSITION Executive Director			CB/D No. E-99			DIVISION or BUREAU Executive Office		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400			INDEX NUMBER 1000		
CITY [REDACTED]			STATE [REDACTED]			ZIP CODE [REDACTED]		
CITY [REDACTED]			STATE CA			ZIP CODE 95814		

(1) NORMAL WORK HOURS
8:00 to 17:00

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED
0.555

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
3/12		Amtrak Multi-Ride Ticket						65.00	P		0.00	65.00	65.00
3/13	19:30	Sacramento to Burbank	122.20				6.00		A		0.00		128.20
3/14	16:30	Burbank to Oakland		6.00	10.00				A		0.00		16.00
3/16	12:00 20:30	Oakland to Los Angeles and return						50.00	T		0.00		50.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			122.20	6.00	10.00	0.00	6.00	115.00 50.00		0.00	0.00	65.00	259.20
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

\$259.20

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/12 ~ Discount transportation program for March (Amtrak, \$165 paid, \$65 to be reimbursed)
 3/13 to 3/14 ~ CalHFA Board of Directors Meeting at Los Angeles Marriott Burbank Airport Hotel
 3/16 ~ Speaker/panelist at Ballard Spahr/CSG Advisors Western Housing Conference in Los Angeles

AGENCY ACCOUNTING OFFICE
 USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

07530860
 4/4/12

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 3/26/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 3/27/12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE